

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

Applicants: Joaquin Blaya, Hugh Herr and Gill A. Pratt

Application No.: 10/671,329

Group: 3762

Filed: September 25, 2003

Examiner: Flory, Christopher A.

Confirmation No.: 5686

For: Active Ankle Foot Orthosis

Mail Stop Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an Amendment for filing in the above-identified application.

- ☒ Small entity status of this application under 37 CFR 1.9 and 1.27 has been established by a Small Entity Statement previously submitted.
- ☐ A Small Entity Statement to establish small entity status under 37 CFR 1.9 and 1.27 is enclosed.

The claims fee has been calculated as shown below:

					SMALL ENTITY		OTHER THAN SMALL ENTITY		
	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NO. PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDIT. FEE	OR	RATE	ADDIT. FEE
TOTAL	41	MINUS	* 41		X \$26	\$		X \$52	\$
INDEP	11	MINUS	** 11		X \$110	\$		X \$220	\$
<input type="checkbox"/> FIRST PRESENTATION OF MULTIPLE DEP. CLAIM					+	\$195	\$	+	\$390
					TOTAL = \$ 0			TOTAL = \$ 0	

\* not fewer than 20  
\*\* not fewer than 3

The Application Size Fee has been calculated as shown below:

(Effective for cases filed on or after December 8, 2004)

Actual Sheets (Including current amendment)	Highest No. of Sheets Paid For (At least 100)	No. of Additional Units Required (Increments of 50 sheets)	SMALL ENTITY		OTHER THAN SMALL ENTITY		Payment Sufficient for up to [ ] Sheets
			Rate	Total Amount Owed	Rate	Total Amount Owed	
			X \$135	\$[ ]	X \$270	\$[ ]	

### Petition for Extension of Time

- ☐ Applicant hereby petitions to extend the time to respond to the [ ] dated [ ] for [ ] month(s) from [ ] to [ ]. The appropriate fee is set forth below.
- ☐ [For action-specific language in an extension of time, select the appropriate option from the Firm Templates]

**Please charge Deposit Account No. 08-0380 for the following fees:**

<input type="checkbox"/>	Petition for [    ] month Extension of Time	\$	_____
<input type="checkbox"/>	Claims Fee	\$	_____
<input type="checkbox"/>	Application Size Fee	\$	_____
<input type="checkbox"/>	Other Fees:	\$	_____
		\$	_____
		\$	_____
TOTAL:		\$	0

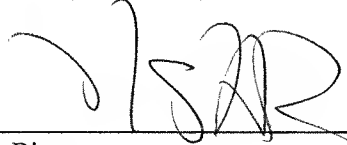
**A check is enclosed in payment of the following fees:**

<input type="checkbox"/>	Petition for [    ] month Extension of Time	\$	_____
<input type="checkbox"/>	Claims Fee	\$	_____
<input type="checkbox"/>	Application Size Fee	\$	_____
<input type="checkbox"/>	Other Fees:	\$	_____
		\$	_____
		\$	_____
TOTAL:		\$	0

- ☒ Please charge any deficiency or credit any overpayment in the fees that may be due in this matter to Deposit Account No. 08-0380.

Respectfully submitted,

HAMILTON, BROOK, SMITH & REYNOLDS, P.C.

By  \_\_\_\_\_  
N. Scott Pierce  
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Telephone (978) 341-0036  
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Concord, Massachusetts 01742-9133

Dated: 5/8/09